



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
PATENT APPLICATION EXAMINING OPERATIONS

Applicant : Jacob, Stephane Frederick, Group Art Unit: 2875  
et al.

Serial No.: 10/035,477

Examiner: Zeade, Bertrand

Filed : 10/25/01

Title : SOLID STATE CONTINUOUS SEALED CLEAN ROOM LIGHT  
FIXTURE

RESUBMISSION OF NONCOMPLIANT  
PORTION OF AMENDMENT

1600 ODS Tower  
601 S.W. Second Avenue  
Portland, Oregon 97204-3157

September 29, 2003

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Responsive to the Office Action dated August 28, 2003,  
please amend the above-referenced application as follows:

**AMENDMENTS TO THE SPECIFICATION** begins on page 2 of this paper.

**AMENDMENTS TO THE CLAIMS** are reflected in the listing of claims  
which begins on page 5 of this paper.



207

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	<b>Application Number</b>	10/035,477	
	<b>Filing Date</b>	10/25/01	
	<b>First Named Inventor</b>	Jacob, Stephane Frederick	
	<b>Group Art Unit</b>	2875	
	<b>Examiner Name</b>	Zeade, Bertrand	
<b>Total Number of Pages in this Submission</b>	14	<b>Attorney Docket Number</b>	CDM/2706.9999

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee transmittal form <input type="checkbox"/> Fee attached <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing Related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of Cd(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosures (identify below) Return acknowledgment postcard
Remarks:		

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT	
Firm or Individual Name	Charles D. McClung
Signature	
Date	September 29, 2003

CERTIFICATE OF TRANSMISSION/ MAILING			
I hereby certify that, on the date shown below, this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450			
<input checked="" type="checkbox"/> with sufficient postage as first class mail <input type="checkbox"/> as "Express Mail Post Office to Addressee" - mailing label no. _____			
Type or print name	Charles D. McClung		
Signature		Date	September 29, 2003

2